MICHIGAN DEPARTMENT OF EDUCATION SUPPLEMENTAL EDUCATIONAL SERVICE PROVIDER APPLICATION

INSTRUCTIONS: Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to MarshH@michigan.gov.

| CHECK THE API | PROPRIATE BO | OX: | | | |
|---|--------------------|--|---------------------------------|---------------------|------------------|
| For Profit Compa | ny | Local School District Community-Based Organization | | | |
| Non-Profit Organ | | _ | ool Academy | Private School | ol |
| Institution of High | her Education | Intermediat | te School District | Faith-Based (| Organization |
| Section 1: Provid | er Identification | n | | | |
| Name of Entity <u>A</u> | lliance For Child | dren, Inc. | | | |
| Name of Director | Ms. Jacquelin | e Hughes | | | |
| Address <u>1200 E. I</u> | Mc Nichols Roa | ad | City <u>Highla</u> Zip 48203 | and Park | State MI_ |
| Phone (313) 957-2 | 2207 Fax (| 313) 867-7050 | Email <u>Sn</u> | nithjustus2@ao | l.com |
| | | | | | |
| Proposed Locatio | , | | , | | |
| neighborhood recr | • | | | ring is also availa | able.: |
| Address | | | City | State | Zip |
| If different from D Name of Contact | | | | | |
| Address | | | City | State | Zip |
| Phone | Fax _ | | Email | | |
| | | | | | |
| Section 2: Provide | er Geographic | Service Area Ir | nformation | | |
| 1. Our organizati | on can provide | services to: | | | |
| All local so | chool districts/PS | SAs in Michigar | n: Yes 🔲 No | \boxtimes | |
| To only the | e following areas | s: (Please list the | e counties or lo | cal school distric | ts/PSAs you are |
| • | | | | ginaw, Bay, Lap | eer, St. Clair, |
| Washtenaw | v, Jackson, Livir | ngston, Monroe, | Ingham, and E | aton. | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. Proposed Loca | tion of Services | s – Provide addres | sses for the locati | ons where you pla | n to deliver SES |

Site Location #1: 1200 E. Mc Nichols Road, Highland Park, MI

services to students:

| Site Location #2: 12350 E. Nine Mile Road, Warren, MI |
|---|
| Site Location #3: 1000 Tuscola, Saginaw, MI |
| #4 1221 Beach, Flint, MI |
| 3. Transportation – Provide information about accessibility to public transportation from your site: |
| Services are generally provided to students at sites within walking distance of their school |
| or home. Tutoring is also provided to the child in his home. Public transportation is |
| usually available in urban areas. |
| 4. Indicate if you are willing to provide services to eligible students at the school site: |
| Yes 🔀 No 🗌 |
| |
| Section 3: Provider Academic/Instructional Program Information |
| 1. Subject Areas Covered – List all subject areas you address in working with students: |
| Reading (including grammar, composition, etc.) nd Mathematics (including Algebra, |
| Geometry, Calculus and Trigonometry). |
| |
| |
| 2. Grade Level Able to Serve – Indicate the grade levels you are able to serve: 4-12 |
| |
| 3. Time of Services – Indicate when you deliver services to students: |
| x Before School After School Weekends Summer |
| |
| 4. Mode of Instructional Delivery – Describe the methods by which your program delivers instruction to students: |
| ☐ Individual Tutoring ☐ Small Group Instruction ☐ Large Group Instruction |
| Online Web-Based Other |
| Online web-based Utilei |
| 5. Schedule of Services – Indicate the length of each tutoring session and number of sessions per week |
| Length of Session 60 minutes Number of Sessions per Week 2 |
| Trumber of Sessions per week 2 |
| 6. Staffing – Indicate the type(s) of staff that provide instruction to students: |
| x Certified Teachers Paraprofessionals Volunteers Other Degreed |
| Professionals (e.g. Physcians, Nurses, engineers, etc.) |
| Floressionals (e.g. Filyscians, Nuises, engineers, etc.) |
| 7 Special Denulations Served Indicate appoint populations voy are able to serve |
| 7. Special Populations Served – Indicate special populations you are able to serve: |
| Special Education Limited English Proficient Other |

Section 4: Provider Fees

Cost/Fee Structure – Check and complete the cost/fee structure you use:

\$\frac{\$\$ 35.00 \text{ per hour}}{\text{ hour}}\$ (unit of time, e.g., hour, week, etc.) per student.

\$\frac{5.00}{2}\$ (flat fee) for year (unit of time, e.g., month, semester, year) per student.

Section 5: Program Narrative

Provide a narrative of no more than 10 pages addressing the following criteria. Refer to the attached rubric for the specific information required.

- 1. Describe the program that will be offered.
 - a. Provide evidence of alignment to State and local district/PSA academic content standards.
 - b. Discuss how consistency of content and instruction with local district/PSA content and instruction will be addressed.
 - c. Describe logistics of providing service to eligible students.
- 2. Indicate who will provide the instruction, their qualifications, their qualifications, and the ongoing support they will receive.
- 3. Provide evidence of the program's effectiveness in increasing student achievement.
- 4. Describe evaluation, monitoring for effectiveness and communication process.
 - a. Describe how the program will be monitored for effectiveness.
 - b. Describe how the progress of students receiving supplemental educational services will be measured and which assessments will be used.
 - c. Describe how the district, parents, and teacher(s) will be notified of the student's progress (in their native language, if necessary).
- 5. Indicate the pricing structure for providing supplemental services.

Section 6: Assurances and Signature Form

In submitting this application to be included in the Michigan Department of Education Approved Supplemental Educational Services Provider List, I certify that:

- 1. The information in this application is true and correct to the best of my knowledge.
- 2. The organization meets all applicable federal, state, and local health, safety, and civil rights laws.
- 3. All staff providing instruction to qualified children meet the state requirements for criminal history check.
- 4. All paraprofessional staff will work under the direct supervision of a certified teacher.
- 5. All instruction and content are secular, neutral, and non-ideological.
- 6. All qualified children whose parents request services from the organization will be served equally, without restriction.
- 7. The organization will not disclose to the public the identity of any student eligible for or receiving supplemental services without the written permission of the parent of the student.
- 8. The organization is financially stable and will be able to complete services to the student and the school.
- 9. The organization will not apply additional admission criteria on eligible students.

| (Print Name) | (Title) |
|--------------|---------|
| | |
| (Signature) | (Date) |

Supplemental Educational Services Rubric

| Proposal # Reviewer: |
|-------------------------|
| |

OVERALL SCORING _____/42

[Must score at least 28]

Application Narrative

| Rubric Element 1. | Program | 10 points |
|-------------------|---------|-----------|
| | | |

- ❖ Describe the program that will be offered. Be sure to include the following specifics:
 - Alignment of program to MDE academic content standards and benchmarks, grade level content expectations, and student academic achievement standards
 - How content and instruction will be consistent with content and instruction of local school district/PSA
 - Location of service delivery
 - Length of each tutoring session (i.e., everyday, biweekly, summer)
 - Grade levels served
 - Special groups served, if applicable
 - Discuss the transportation arrangements, if applicable

Indicate how the content of the program will be aligned with state academic standards.

| Level I | Level II | Level III |
|---|--|--|
| 0-1 points | 2-5 points | 6-10 points |
| Fails to provide an adequate description of the program. | Addresses some of the areas listed above in the program description. | Details clearly the instructional program offered by the provider. Addresses each of the areas listed above. |
| Fails to demonstrate how the provider's services are consistent with state academic standards. | • Includes some informat regarding the alignment the supplemental servic offered and state acader standards. | that the program offered is consistent with state |
| | Tot | tal points for element/10 |

Comments:

Rubric Element 2. Staff 7 points

❖ Describe the qualifications of your staff to provide high quality supplemental educational services.

❖ Describe your plan for ongoing professional development, supervision and support of staff providing supplemental services.

| Level I 0-1 points | Level II 2-4 points | Level III 5-7 points |
|--|---|---|
| • Does not address the qualifications of teachers/other staff or the ongoing support they will be given. | • Provides some description of the qualifications of teachers/other staff and the ongoing support they will be given. | Staff identified and fully qualified. Comprehensive plan in place for professional development, supervision and support. |
| Total points for element /7 | | |

Comments:

Rubric Element 3. Program Effectiveness 10 points

- ❖ Provide evidence of the program's effectiveness in increasing student achievement. Include summaries of test results, where available.
- Provide a description of the high quality, research-based instruction that supports the program.

| Level I 0-1 points | Level II 2-5 points | Level III 6-10 points |
|---|---|---|
| • Fails to include evidence that the program has a record of effectiveness. | • Shows some evidence of the effectiveness of the program. | • Cites evidence that fully supports the program's effectiveness. |
| • Fails to provide description of research-based instruction. | Includes limited description of high quality research-based instruction | |
| | Total | points for element/10 |

Comments:

Rubric Element 4. Evaluation/Monitoring 10 points

- Describe how the program will be monitored for effectiveness.
- ❖ Describe how the progress of students receiving supplemental educational services will be measured and which assessments will be used. Include information on how student progress will be monitored on a regular basis.
- Describe the specific procedures that will be used to notify the district, teacher(s) and parents regarding the progress of each student.

| Level I 0-1 points | Level II 2-5 points | Level III 6-10 points |
|---|---|--|
| Fails to discuss how the program will be evaluated. Does not address monitoring progress of each student receiving tutorial assistance. Does not adequately explain how district, parents, and teacher(s) will be informed of a student's progress. | Provides some description of how the program will be evaluated. Shows limited method for monitoring progress of each student receiving tutorial assistance. Provides some explanation as to how district, parents, and teacher(s) will be informed of a student's progress. | Clearly explains how the program will be consistently monitored for effectiveness. Details how student progress will be monitored on a regular basis through assessments. Describes plan to regularly and thoroughly inform district, parents, and teacher(s) of the student's progress. |
| | T-4-1 | sints for alament /10 |

Total points for element _____/10

Comments:

Rubric Element 5. Pricing for Supplemental Services 5 points

Indicate the pricing structure for providing supplemental services.

| Level I | Level II | Level III |
|---|---|---|
| 0-1 points | 2-3 points | 4-5 points |
| • The explanation of pricing fails to give the reader an understanding of the cost of services. | • The explanation of pricing provides some understanding of the cost of services. | • The explanation of pricing clearly explains the cost of services. |
| | Total po | oints for element /5 |

Comments: